*Stress Management Training*

*Session Five*

*Daily Relaxation Log*

Name........................................................................................*...........................................................*

Fill in the Log every day, both before and after doing your Relaxation Exercise. Circle the number that shows how you felt during the day, and the number that shows how you felt after practising the Relaxation Exercise.

DAY TODAY I FELT AFTER RELAXING I FEEL

 CALM TENSE CALM TENSE

1 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8

2 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8

3 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8

4 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8

5 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8

6 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8